

Name
in
Full

CERTIFICATE OF DEATH

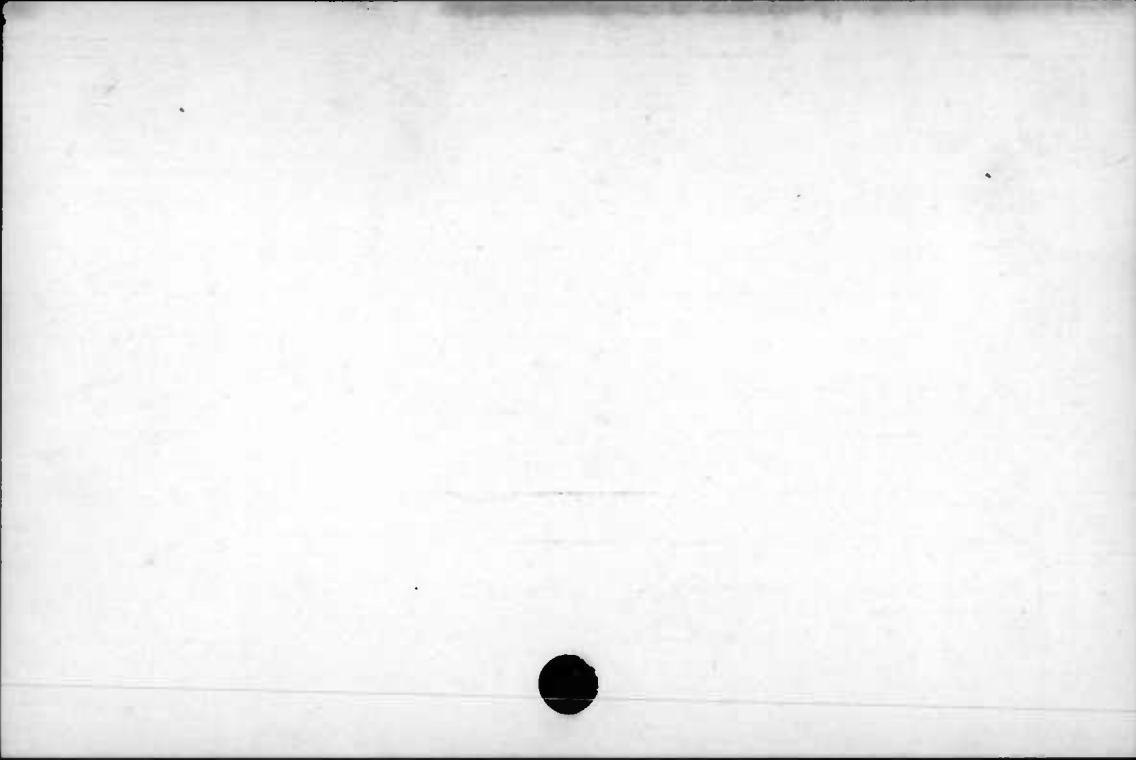
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Chazum</i>		Town <i>near Boston</i>		County <i>Caroline</i>		MARYLAND			
Died at		Date of death <i>1905</i>		Month <i>Dec</i>	Day <i>20</i>	Years <i>72</i>	Age <i>72</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth place <i>Maryland</i>					
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Celia A Chazum</i>							
Father's Name <i>Lynn Chazum</i>		Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Celia Decker</i>		Mother's Birthplace <i>Maryland</i>							
Name of person giving information <i>William Chazum</i>		How related to deceased <i>Brother</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>a fall on the ice</i>	How long <i>100</i>
Immediate <i>Concussion of Brain</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Noble</i>
	Address <i>Boston Md</i>
Accident or Suicide? <i>—</i>	



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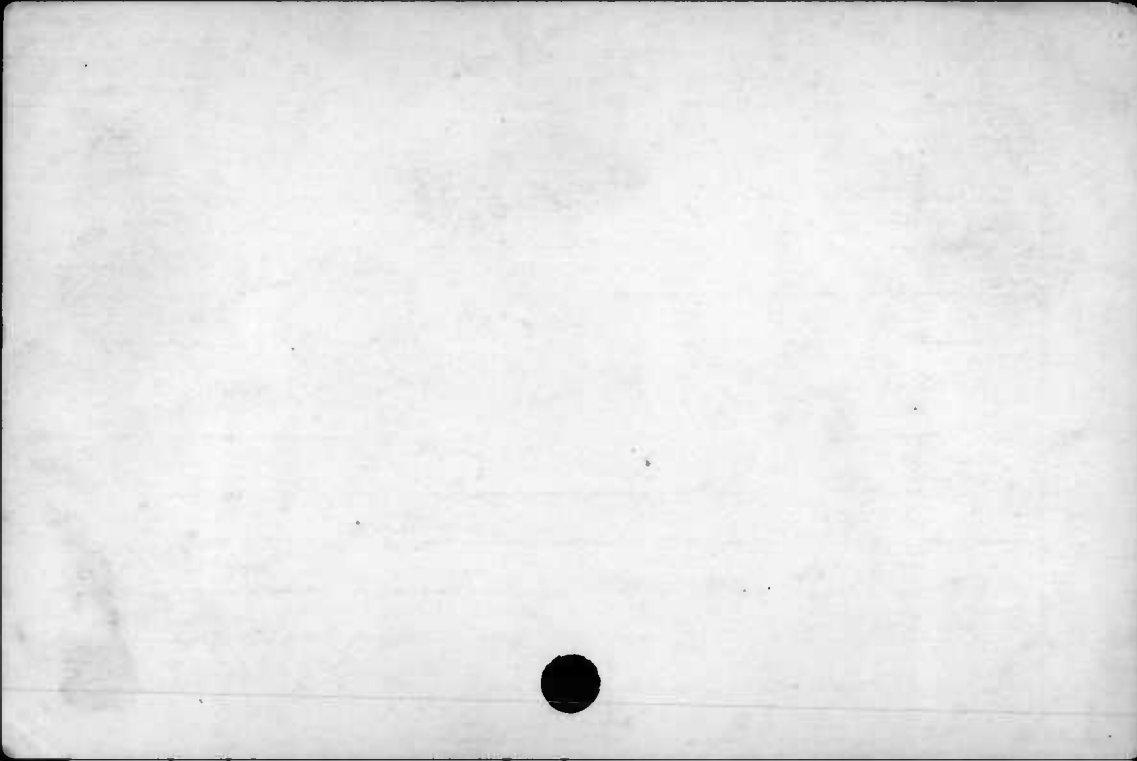
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brenton</i>		County <i>Cornwall</i>		MARYLAND	
Date of death	190	Month <i>12</i>	Day <i>25</i>	Age	Years <i>26</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place				
Occupation <i>housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>no</i>			Name of Wife or Husband				
Father's Name <i>Amos Davis</i>					Father's Birthplace		
Mother's Maiden Name <i>Caroline / Davis</i>					Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Lungs</i>	How long	<i>(27)</i>
Immediate	<i>Conjunctive of lungs</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. W. Nichols M.D.</i>	
		Address <i>Brenton Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Hammie Driggins

Town

County

Died at

MARYLAND

Date 1905-^{Month} Dec ^{Day} 24 ^{Y.} 39 ^{M.} ^{D.} ^{Native of} ^{Occupation} med Housewife
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living 3

Husband of Chas. Driggins
 Wife of John Flamer
 Father's Name John Flamer
 Mother's Name Harriet Flamer

Cause of Death { Primary Consumption
 Immediate Filling cavity in lung
 How long sick 3 yrs.
 Accident, Suicide, Homicide

Reported by A. H. Bradbury, M.D.
 Address Fowlerville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



27

Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Agnes Robinson*
Town *Burrsville* County *Lebanon*

MARYLAND

Died at *Burrsville*
Date of death 190 *6* Month *Dec* Day *27* Age *38* Years Months *10* Days *6*Sex *Female* Color or Race *White* Birth-place *Longhill*Married, ~~Single~~ *or Widowed* Occupation *Housewife*Name of Wife or Husband *Thomas Robinson*Father's Name *Emory Vance* Father's Birthplace *Burrsville*Mother's Maiden Name *Lilla Conolly* Mother's Birthplace *Longhill*Name of person giving Information *Thos Robinson* How related to deceased *Uncle*

CAUSES OF DEATH

Primary *Leucemia* How long *2 years*
Immediate *4* How long *—*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Thos. Santburg
1 Burrsville
MD

Accident or Suicide?



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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Newton</i> Town			<i>Caroline</i> County			MARYLAND	
Date of death <i>1905</i>	Month <i>12</i>	Day <i>14</i>	Age <i>74</i>	Years	Months <i>11</i>	Days <i>21</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Mo</i>				
Occupation <i>Former</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wife Christopher</i>						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Robert Todd</i>	<i>120</i>			How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>?</i>
Immediate <i>Uraemic Poisoning</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Hayward Brown</i>
	Address <i>Newton</i>
Accident or Suicide? <input type="checkbox"/>	

